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A study attempted to measure some effects of a 2-week postbaccalaureate workshop on clinical teaching (teaching which provides children with individualized materials and procedures) and to assess administrative encouragement and appreciation of clinical experimentation and innovation. An experimental group of 20 experienced elementary teachers who had participated in the summer workshop and a control group of 49 who had enrolled too late for admission were invited to participate in a clinical teaching experiment. Hypothesis 1, that a higher proportion of the experimental group would agree to participate in a project requiring a clinical report, was not supported. Hypothesis 2 was accepted: A greater percentage of the experimental group (58% vs. 29%) did complete the required case study. Hypothesis 3, that school administrators would indicate a general acceptance of clinical teaching by giving higher ratings to the (coded) clinical teaching strategies of the experimental group, was supported; however, less than half of the 24 administrators invited to participate did so. A 1-way analysis of variance design was used to ascertain the significance of differences between groups. Indications are that much remains to be done before clinical teaching becomes a classroom reality. (Included is a 12-item bibliography.) (JS)

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Clinical Teaching: Some Experimental Observations

RALPH SCOTT

One of the most significant aspects of the revolution in American education is the rising acceptance of clinical procedures by the elementary teacher. The increased interest in clinical teaching* is largely in response to experimentation which has revealed the significance of environmental manipulation within the classroom (Wiseman 1965, Hunter 1967, Loretan 1965). Some training centers have established teacher training programs which are strikingly clinical in character (Hazard 1967). In addition, nonteaching disciplines have shifted their perception of the classroom teacher's role and have placed a more direct focus on in-service training which enables classroom teachers to employ clinical procedures within the classroom (Oxhorn 1965, Kaufman 1966, Hyman 1967).

The present emphasis on clinical teaching should not be interpreted as an open invitation for teachers to act as psychotherapists. But advocates of clinical classroom teaching do urge a fundamental redefinition of teaching, which legalizes creative diagnosis and remediation by teachers (Eurich 1965, Otto 1966, Doll 1968). An underlying assumption of those who hold this view is that often the most effective therapy occurs when children sense accomplishment and success through the attainment of a worthwhile goal.

To an important extent, the increased acceptance of clinical classroom teaching reflects a hard educational fact: we shall never train enough non-teaching specialists for the significant numbers of school children who require specific learning conditions. There is the additional argument that the teacher is in a better

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*Throughout this paper clinical teaching refers to the teaching functions which provide children with specific, individualized and appropriate materials and procedures. Examples of clinical teaching include providing a fifth grade child with third grade arithmetic assignments, enabling a second grade student to develop left to right orientation, or making special provisions whereby a child with a severe speech impediment may express himself through the motor rather than the verbal channel.

position to effectively meet the individualized educational needs of children than is a non-teaching specialist, whose relationship with the child is necessarily more remote (Ashlock 1966, Loretan 1965, Eurich 1965, Otto 1966). Estimates vary as to the number of children who require some particularized programming but there is general agreement that within every classroom there are from one to five children who stand to benefit from teacher-directed clinical procedures (Ashlock 1966, Oxhorn 1965, Hyman 1967).

The literature concerning clinical teaching appears to fall into one or a combination of three categories: academic content, assessment of the learner's needs, and strategy of teaching (Hunter 1967). The first category is primarily concerned with what is taught and whether the child is given work commensureate with his current abilities. The second focuses on the conditions of support or help needed by the pupil. The third category deals with strategy the teacher can most effectively employ to facilitate learning. To date, little has been reported concerning the key interaction between teacher willingness to use, and enthusiasm for, clinical teaching methods and the response of the educational system when clinical classroom procedures are implemented. Certainly it is reasonable to expect that many teachers will not employ clinical procedures unless they believe that such teaching behavior is perceived by administrators not only to be within their jurisdiction but also to be genuinely helpful to children.

Purposes of the study

This study reports an attempt to measure some effects of a two week post-baccalaureate workshop which dealt with clinical teaching. The researcher sought to determine whether brief but intensive exposure to clinical methods would influence the involvement of experienced elementary teachers in a project which required the preparation of a clinical report. It was assumed that teachers who participated in

such an experiment would also be more likely to develop a clinically oriented program for specific children in their classrooms.

The second objective dealt with the assumption that many teachers will not utilize clinical procedures unless their administrators welcome clinical experimentation and innovation. Assuming that teachers who had participated in the workshop would place greater stress on clinical techniques, it was predicted that school principals would prefer clinical reports written by workshop participants.

Background of the study

The experimental group consisted of twenty baccalaureate teachers who enrolled in a two week summer (1966) workshop on clinical teaching. The workshop emphasized specific teaching methods and procedures which enable the classroom teacher to meet the requirements of individual students. Remedial procedures and materials, appropriate for youngsters of average general capabilities who required extensive individual programming, were discussed. The final examination consisted of developing a clinical educational strategy for Student A, a six year old youngster of average intelligence who was unable to succeed in any academic aspect of the first grade program. The control group was composed of 49 workshop applicants who had enrolled too late for admission.

It was predicted that (1) a higher proportion of the experimental group would agree to participate in a clinical teaching experiment requiring a clinical report (2) a greater percentage of the experimental group would complete the required case study and (3) school administrators would indicate a general acceptance of clinical teaching by giving higher ratings to the (coded) clinical teaching strategies of the experimental group. To ascertain the significance of differences between groups, a one-way analysis of variance design was used (Tables 2 and 4).

The Teachers' Response

In the late fall of 1966, invitations to participate in an experiment which dealt with the psychology of learning were extended to teachers comprising the experimental and the control groups. This invitation was sent under the name of another professor of the University of Northern Iowa Department of Education. All respondents who indicated a willingness to participate received a case study. To assure a more valid assessment of the workshop experience the control group was given the workshop examination concerning Student A, along with explanatory notes regarding any technical questions such as the general interpretation of test data. The experimental group was given the case study of Student B, an eight year old boy who required individualized programming. Both case studies provided opportunity for the participants to discuss possible contributions of remedial specialists. To reduce the presumed effect of greater self confidence among the experimental group, all respondents were asked to return their reports anonymously. The significance of the findings was determined by categorizing responses of the participants on a continuum (scale 1-3) of the respondents readiness for clinical teaching involvement. It was assumed that those who actually wrote the exam were most involved, those who agreed to participate but did not prepare a report were less involved, and those who returned a test paper, unwritten and without comment, were least ready for performing clinical teaching functions within the classroom. Results of this portion of the experiment are as follows

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Insert Table 1 about here

Insert Table 2 about here

As Table 1 indicates, an equal fraction of experimental and control subjects responded to the questionaire. Contrary to prediction, twice as large a proportion of experimentals (20% vs 10%) refused participation. Hypothesis 1 was therefore not confirmed. However, and as predicted in Hypothesis 2, a significantly higher percentage of those experimental subjects who agreed to participate actually wrote the report (58% vs 29%). Possibly members of the experimental group, as a result of the workshop experience, were more realistic in assessing the work involved in preparing a clinical report; for this reason more of them may have refused participation. On the other hand, some members of the control group who indicated an initial willingness to participate appear to have withdrawn from further involvement when they received the test and discovered the amount of effort which a clinical report requires. Results also suggest that those teachers in the experimental group who agreed to participate were more prepared to invest the time and energy necessary to develop clinical strategy. One limitation of this study is that the teachers in the control group had applied too late for admission to the workshop; it is entirely possible that the control and experimental groups may be differentiated along some basic personality dimension, such as motivation for new experiences, promptness, or decisiveness. Nonetheless, the data on Tables 1 and 2 suggest that experienced teachers, after a brief workshop, are more ready to develop a specific clinical plan for a child in need of a particularized educational program. This hypothesis is consistent with the observation that four of the control subjects returned the test unwritten and without comment, while this was done by none of the experimentals. If willingness to participate in this experiment is an indication of an experienced teacher's readiness to employ clinical teaching procedures, the relatively low percentage of participants (35% and 20%) indicates that much remains to be done before clinical teaching becomes a common classroom reality.

The administrators' response

Unless administrators encourage and reward clinical teaching, however, we can scarcely expect it to prosper. The second aspect of this experiment, therefore, dealt with whether or not administrators differentiate, appreciate and encourage clinically oriented teaching. Letters were sent to twenty four Iowa elementary school principals, inviting them to rate twenty case reports. Positive responses were received from eleven of these administrators. In the summer and fall of 1967 twenty clinical reports, consisting of ten randomly selected workshop final examinations and the reports of the ten controls, were coded and sent to the participating administrators. The principals were not informed of the hypotheses being tested. It was suggested that they assume that, all other conditions being equal, they could employ ten of the twenty people who had written the reports and that all administrators of their school system unanimously valued effective clinical teaching within the classroom. Obviously, this aspect of the experiment assumed that the workshop had enabled the experimental group to plan more effective clinical teaching strategies.

Insert Table 3 about here

Insert Table 4 about here

It was predicted in Hypothesis 3 that there would be a greater tendency for administrators to favor case reports of the experimental group. This finding was supported although the results must be viewed with some caution, since slightly less

than half of the administrators participated in the experiment. It is possible that the participating administrators are more receptive to innovation than non-participants. With this reservation in mind, it seems reasonable to assume that clinical teaching procedures will be favorable received and fairly rewarded in many school systems.

Summing up, results of this experiment suggest that relatively brief post-baccalaureate workshops may increase the receptivity of experienced elementary teachers for involvement in clinical teaching experiences. A smaller proportion of experienced teachers in the experimental group volunteered to participate in a clinical teaching experiment, but of those who volunteered to participate a significantly greater proportion actually carried out the clinical requirement. Of at least equal importance is the evidence that school administrators recognize and welcome the development of innovative and creative teaching strategies devised by the elementary classroom teacher who is aware of his sphere of competency, as well as his limitations, in clinical teaching.

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Table 1

Summary of Teachers Responses, in Per Cent

	Experimental (N=20)	Control (N=49)
Responded	80%	80%
Refused to participate	20%	10%
Agreed to participate	75% of those responding, 60% of total	87% of those responding, 70% of total
Agreed to participate but did not write examination	42% of those who agreed to write examination	71% of those who agreed to write examination
Agreed to participate and wrote examination	58% of those who agreed to write examination	29% of those who agreed to write examination
Returned unwritten test	0%	12% of those who agreed to write examination

Table 2

Effect of Workshop on Teachers' Involvement in Clinical Teaching Experiment

	SS	df	MS	F Ratio
Category means	1.47	1	1.47	
Within	15.86	44	.36	4.08*
Totals	17.33	45	1.83	

*Significant at the .05 level of probability

Table 3

Administrators' Ratings of Clinical Reports

	Reports Selected	
Administrator	Experimental	Control
1	3	7
2	7	3
3	8	2
4	7	3
5	6	4
6	6	4
7	5	5
8	5	5
9	6	4
10	7	3
11	7	3
TOTALS	67	43

Table 4

Effect of Workshop on Administrators' Ratings

	SS	df	MS	F Ratio
Category means	26.18	1	26.18	
Within	37.82	20	1.89	13.80*
Totals	64.00	21	28.07	

*Significant at the .01 level of probability